

2007 Open Enrollment For Medical Benefits

- For retirees
- For participants who are receiving long-term disability benefits
- For COBRA participants

Welcome to the 2007 Open Enrollment Period. The changes to the medical programs are indicated on the next page.

What Can I Do During Open Enrollment?

From October 16 through November 3, 2006 you may make the following changes to your coverage:

- Drop medical coverage
- Change from one medical program to another
- Add or drop family members covered

Any changes that you make will become effective on January 1, 2007. If you do not want to make a change to your medical coverage, you do not need to do anything. Medical coverage will be discontinued if you do not remit the required premiums. Also, COBRA coverage will be discontinued as of the end of the applicable COBRA period.

Medical Programs Available As Of January 1, 2007

Non-Medicare-Eligible Participants	Medicare-Eligible Participants
Aetna HMO	CIGNA OAP (PPO)
CIGNA OAP (PPO)	HIP VIP HMO
HIP HMO	
Vytra PPO	

For retirees and for participants who are receiving long-term disability benefits:

- If you and your spouse are **not** eligible for Medicare, you may both participate in a non-Medicare plan but must both elect the same plan.
- If you and your spouse are eligible for Medicare, you may both participate in a Medicare plan but must both elect the same plan.
- If you are **not** eligible for Medicare but your spouse is eligible for Medicare (or vice versa), the Medicare-eligible participant may participate in any of the Medicare plans. The non-Medicare-eligible participant may participate in any of the non-Medicare plans.

A comparison of the medical plans is enclosed.

What Is The Cost Of Coverage in 2007?

See the attached pages for information on the cost of coverage.

How Do I Make A Change To My Medical Coverage?

If you decide to make a change for 2007, you must complete a new enrollment form. Forms are available from the Benefits Office at (631) 344-5126, (631) 344-2877 or (800) 353-5321. Completed forms must be returned to the Benefits Office, Bldg. 185 by November 3.

You may only make changes to your coverage during the Open Enrollment period or when a qualifying event occurs. Qualifying events allow you to make certain changes to your coverage if you notify the Benefits Office within a limited period of time from the date of the event. Qualifying events may include changes in: legal marital status, number of dependents, dependent status, employment status, work schedule, place of residence, or worksite. The qualifying event must relate to the change in coverage that you request. Additional information on qualifying events is available in the Benefits Office.

Where Can I Get More Information On The Programs?

Additional information, including provider directories is available through the Benefits Office at (631) 344-5126, (631) 344-2877 or (800) 353-5321 and through the following websites and telephone numbers.

Medical Plan	Website	Telephone #
Aetna HMO	www.aetna.com	(800) 323-9930
CIGNA OAP (PPO)	www.cigna.com	(800) 244-6224
HIP HMO	www.hipusa.com	(800) 447-8255
Vytra PPO	www.vytra.com	(631) 694-4000

What's Changing For 2007

Medical Program

For former employees who were not members of the IBEW Union:

For former employees who were members of the IBEW Union who were hired after 7-31-06:

For former employees who were members of the IBEW Union who terminated employment before 8-1-00:

For former employees who were members of the IBEW Union who terminated employment after 7-31-06:

- The medical program coverage (co-payments, deductibles and coinsurance) has not changed. See the attached pages for more information on the coverage.
- See the attached pages for the 2007 premiums and more information on the coverage.

For former employees who were members of the IBEW Union who terminated employment between 8-1-00 and 7-31-06:

- The CIGNA PPO and indemnity medical programs have been changed to the CIGNA OAP (PPO) program. The medical program coverage (deductibles and coinsurance) has not changed. The directory of participating physicians has changed and there are separate provider networks for physical therapy and outpatient radiology. You can either locate the new directory at www.cigna.com or pick up a copy in the Benefits Office.
- The Vytra HMO medical program has been changed to the Vytra PPO program. This means that instead of only being able to go to providers who were in Vytra's network, you can now go to any provider of your choice. Referrals are no longer necessary and the program provides different coverage levels for in- and out-of-network benefits. Also, the co-payments and the directory of participating physicians have changed. You can locate the new directory at www.vytra.com or pick up a copy in the Benefits Office. See the attached pages for more information on the coverage.
- See the attached pages for the 2007 premiums and more information on the coverage.

For former employees who were members of the SCSPA Union and on COBRA:

- The co-payments have changed for prescription drug coverage under all of the medical programs, and a \$100 annual per person (\$300 per family) prescription drug deductible has been added to both the CIGNA OAP (PPO) and the Vytra PPO medical programs. See the attached pages for more information on the coverage.
- The CIGNA OAP medical program out-of-network deductible, annual out-of-pocket maximum, and co-payments have changed. The Aetna, HIP and Vytra co-payments have also changed. See the attached pages for more information on the coverage.
- See the attached pages for the 2007 premiums and more information on the coverage.

All Vytra medical program participants:

- Vytra will be mailing new identification cards to participants for 2007.